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Martha Jefferson Hospital	45-23003-01 03020158
To: <u>MONICA Orendi-NRC</u>	Fax Cover Sheet
Fax number: <u>610-337-5269</u>	Nuclear Medicine Department
Total # of pages including cover sheet: <u>7</u>	Medical Imaging
Date: <u>9/26/07</u>	Phone-(434)982-7139
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Regarding: <u>Reference # 140767</u>	
Comments: <u>Monica- this is the document</u> <u>from you needed.</u> <u>THANKS- R. Colvin</u> <u>(434) 244-5902</u>	



140767

U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) (10 CFR 35.390, 35.392, 35.394, and 35.396)	
APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
Name of Proposed Authorized User: <u>Sockie (Joy) Higginbotham</u>	
State or Territory Where Licensed: _____	
Requested Authorization(s) (check all that apply):	
<input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required	
OR	
<input checked="" type="checkbox"/> ³⁹⁰ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	
<input type="checkbox"/> ³⁹⁴ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	
<input type="checkbox"/> ³⁹⁶ 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 180 keV for which a written directive is required	
<input type="checkbox"/> 35.300 Parenteral administration of any other radionuclide for which a written directive is required	
PART I - TRAINING AND EXPERIENCE (Select one of the three methods below)	
Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.	
<input checked="" type="checkbox"/> 1. <u>Board Certification</u>	
a. Provide a copy of the board certification.	
b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.a. may be used to document this experience.	
c. For 35.392, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.	
d. Skip to end complete Part II Preceptor Attestation.	
<input type="checkbox"/> 2. <u>Current 35.390, 35.400, or 35.600 Authorized User Seeking Additional Authorization</u>	
a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):	
<input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.490 <input type="checkbox"/> 35.690	
b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.	
c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.390, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.	

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Date of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience ☐ 35.380 ☐ 35.382 ☐ 35.384 ☐ 35.386

if more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Date of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Calculating, measuring, and safely preparing patient or human research subject dosages			
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			
Total Hours of Supervised Work Experience:			

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(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual

Perrica K. Rehm

License/Permit Number listing supervising individual as an authorized user

45-00034-26

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply):

☐ 35.390

With experience administering dosages of:

☒ 35.392

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 35.394

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.398

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	<i>5 patients</i>	<i>U. of VA Health Center Charlottesville VA</i>	<i>2000- 2004</i>
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	<i>1 patient</i>	<i>11</i>	<i>2000- 2004</i>
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	<i>None</i>		
Parenteral administration of any other radionuclide for which a written directive is required	<i>None</i>		

(Use multiple copies)

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Training and Experience for Proposed Authorized User (continued)**

c. **Supervised Clinical Case Experience (continued)**

Supervising individual _____ License/Permit Number listing supervising individual as an authorized user _____

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

No ☐ 35.390 With experience administering dosages of:

☒ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

No ☐ 35.394 ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

No ☐ 35.398 ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☒ I attest that Jackie (Joy) Higginbotham has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

Name of Proposed Authorized User

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Jackie Jay Higginbottom has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that N/A has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that Jackie Jay Higginbottom has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ NO ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ NO ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ NO ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Jackie Jay Higginbottom has satisfactorily achieved a level of competency to function independently as an authorized user for:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ NO ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ NO ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ NO ☐ Parenteral administration of any other radionuclide requiring a written directive

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Fourth Section			
For 35.390:			
Current 35.490 or 35.690 authorized user:			
NO I attest that		_____ is an authorized user under 10 CFR 35.490 or 35.690	
Name of Proposed Authorized User			
or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.398 (d)(1), and the supervised work and clinical case experience required by 35.398(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:			
<input type="checkbox"/> Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 180 keV for which a written directive is required			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
OR			
Board Certification:			
NO I attest that		_____ has satisfactorily completed the board certification	
Name of Proposed Authorized User			
requirements of 35.398(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.398 (d)(1) and the supervised work and clinical case experience required by 35.398(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:			
<input type="checkbox"/> Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 180 keV for which a written directive is required			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
Fifth Section			
Complete the following for preceptor attestation and signature:			
<input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:			
<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input checked="" type="checkbox"/> 35.398			
<input checked="" type="checkbox"/> I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.			
<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required			
<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive			
Name of Preceptor		Signature	Telephone Number
Patrice K. Rehm		P. Rehm	434-299-9391
License/Permit Number/Facility Name		Date	
45-00034-26 University of Virginia		3/15/2007	